

### **Indiana PA Criteria Training**

| PA Type  | Criteria   | PA Approval Length  | Worked By  |
|--|--|---|--|
| Actiq<br><br>PRESCRIBER<br>MUST<br>REQUEST PA<br><br>PHONE OR FAX                            | <u>PA Requirements</u><br>Patient must: <ol style="list-style-type: none"> <li>1. Have a diagnosis of Cancer AND</li> <li>2. Be under the care of an Oncologist, Pain Specialist, or in a hospice setting AND</li> <li>3. Currently be on a fentanyl (Duragesic) patch AND</li> <li>4. Be NPO (no meds by mouth/orally) with a non-functioning enteral tube OR</li> <li>5. Have a medically justifiable diagnosis associated with moderate to severe pain (updated info as of 6/25/2004).</li> </ol> | 6 months  | Pharmacy Tech or escalate to Clinical RPh for review of DX if needed |
| Acetaminophen limits<br>(3gms/day)<br><br>PRESCRIBER<br>MUST<br>REQUEST PA<br><br>PHONE ONLY | <u>PA requirements</u><br>Approval will be granted only if: <ol style="list-style-type: none"> <li>1. Requested duration of therapy is no more than 10 days</li> <li>2. Requested quantity does not exceed 4gms acetaminophen/day</li> <li>3. Patient has not received a similar override in previous 3 months</li> </ol>  | One time approval only for 10 days supply; only one approval may be given in a 3 month period |  |
| Wound Care<br><br>PRESCRIBER<br>MUST<br>REQUEST PA   | <u>PA Requirements</u><br>Approval will be granted if the following criteria is met: <ol style="list-style-type: none"> <li>1. Medication is requested to treat an active wound, not being used as prophylaxis or as a protective barrier.</li> <li>2. Patient has been treated previously with one or more of the preferred medications</li> </ol>  | 3 months (quantity must be entered on PA= 3   |  |

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| PHONE ONLY  | <p>Regranex:</p> <ol style="list-style-type: none"> <li>1. Patient must be a diabetic (system will automatically approve if diabetic medication noted in history)</li> <li>2. There is a limit of one tube per 30 days. If there are multiple wound sites, we should approve one time only for one tube.</li> </ol>  | standard manufacturers package i.e. 60gm tube x 3 =180) |               |
| <p>Brand Medically Necessary</p> <p>PRESCRIBER MUST REQUEST PA</p> <p>FAX</p> | <p><u>PA Requirements</u></p> <p>Includes only brand name drugs that have multiple “sources” or multiple generics available, are federal legend drugs, and that have a federal upper limit (FUL) or maximum allowable charge (MAC) pricing. Only drugs that meet these requirements are subject to the BMN PA program</p> <p><u>Procedure</u></p> <p><u>How to Determine PA Requirements for BMN</u></p> <ul style="list-style-type: none"> <li>▪ If a drug is branded, has multiple sources, is federal legend AND has innovator of "yes", the “PA Requirements” screen will show that PA is required for BMN.</li> <li>▪ If there is no MAC/FUL pricing listed ("Options" then "Pricing"), then NO PA is REQUIRED, regardless of what is indicated on the PA Requirements indicator. If there is no MAC/FUL pricing, the claims should pay after the pharmacist keys a dispense-as-written (DAW) or “06” override.</li> <li>▪ If it is a branded drug with multiple sources, is a federal legend drug, has an innovator of yes, requires PA on the PA requirements for BMN, and has MAC pricing, BUT is listed by generic name on the “PA Except” list - it does not require PA. The claims should pay after the pharmacist keys a dispense-as-written (DAW) or “06” override.</li> </ul> <p><u>Purpose</u></p> <ul style="list-style-type: none"> <li>▪ To insure that brand name drugs, with therapeutically equivalent generics available,</li> </ul> | 1 year  | Pharmacy Tech |

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|         | <p>are only used when the prescriber substantiates the medical necessity for the brand name product.</p> <ul style="list-style-type: none"> <li>▪ ▪ Patient requests for brand name products will not be sufficient for granting prior approval.</li> <li>▪ ▪ Applicability</li> </ul> <p><u>Criteria</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Allergic reaction to the excipients in the generic products <u>OR</u></li> <li>▪ ▪ Therapeutic failure to the generic product</li> <li>▪ ▪ Drug shortages are a reason for short term approval of brand name products (3-month approval)</li> <li>▪ ▪ Physician must write “Brand Medically Necessary” in own handwriting on original script and request PA for any drugs that require prior authorization.</li> <li>▪ ▪ It is the responsibility of the prescribing physician to submit a MedWatch form to the FDA for all Brand Medically Necessary medication requests. The prescriber must include a copy of the completed MedWatch form to ACS with their request.</li> <li>▪ ▪ ACS State Healthcare must authorize brand name drugs that are subject to the Preferred Drug List.</li> <li>▪ ▪ ****If the drug requested is also considered Non-PDL, 2 PAs must be entered for the drug****</li> </ul> <p><u>Exempted Drugs</u></p> <ul style="list-style-type: none"> <li>▪ ▪ All mental health/cross-indicated drugs per 405 IAC 5-24-8.6</li> <li>▪ ▪ Coumadin, Dilantin, Lanoxin, Premarin, Provera, Synthroid, Tegretol per BT200132</li> <li>▪ ▪ Physician must write on DAW side of script (sign on left) and write “Brand Medically Necessary” in own handwriting directly on prescription.</li> <li>▪ ▪ Pharmacy must use DAW 06 to override.</li> </ul> |                    |           |

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| <p>Cox II Inhibitors and Brand-Only NSAIDs</p> <p>PRESCRIBER MUST REQUEST PA</p> <p>PHONE OR FAX</p> | <p><u>Approval Requirements for Cox II Inhibitors</u></p> <ul style="list-style-type: none"> <li>▪ ▪ No PA required for patients over 70 years of age.</li> <li>▪ ▪ Anticoagulant therapy- auto-approve</li> <li>▪ ▪ History of serious NSAID induced complications (GI bleed, moderate to severe GERD, PUD, or allergic reaction) OR</li> <li>▪ ▪ Failure of 2 separate two-week trials of generically available NSAIDs OR</li> <li>▪ ▪ GI risk score of 13 points or higher (fax request preferred) OR</li> <li>▪ ▪ Aspirin allergy OR</li> <li>▪ ▪ Currently on chemotherapy, have kidney failure, or a history of Crohn's Disease.</li> </ul> <p><u>Purpose</u><br/>Encourage step-therapy between classes of NSAIDs before use of more expensive brand-name products.</p> <p><u>COX-2 Inhibitors</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Celecoxib (Celebrex)</li> </ul> <p><u>Approval Requirements for Brand-Only NSAIDs</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Includes only brand name drugs that have no generic equivalent.</li> <li>▪ ▪ It is the responsibility of the prescribing physician to submit a Med Watch form to the FDA for all Brand-Only NSAID requests.</li> <li>▪ ▪ If the request is for Arthrotec and there is documented failure of 2 generic NSAID trials and the patient has a GI Risk Score of 13 or higher, the PA request can be approved.</li> <li>▪ ▪ If the request is for Mobic, Ponstel, or any other NSAID that has no generic equivalent and there is documented failure of 2 generic NSAID trials, the PA request can be approved.</li> </ul> | 1 Year             | Pharmacy Tech |

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|                     | <p><u>Purpose</u><br/>Encourage step-therapy between classes of NSAIDs before use of more expensive brand-name products.</p> <p><u>Brand-Only NSAIDs</u></p> <ul style="list-style-type: none"> <li>▪ Mobic (Meloxicam)- Patients must fail 2 generic source NSAIDs (No GI Benefit)</li> <li>▪ Ponstel (Mefenamic)- Patients must fail 2 generic source NSAIDs (No GI Benefit)</li> <li>▪ Arthrotec (Misoprostol/Diclofenac)- Patients must fail 2 generic source NSAIDs and have a GI Risk Score of 13 points or higher.</li> </ul> <p><u>NSAIDs with Generic Availability</u></p> <table> <tr> <th>Generic Name</th><th>Brand Name</th><th>Generic Name</th><th>Brand Name</th></tr> <tr> <td>DiclofenacPotassium</td><td>Cataflam</td><td>Ketoprofen</td><td>Orudis</td></tr> <tr> <td>Diclofenac Sodium</td><td>Voltaren</td><td>Meclofenamate</td><td>Meclomen</td></tr> <tr> <td>Etodolac</td><td>Lodine</td><td>Naproxen</td><td>Naprosyn</td></tr> <tr> <td>Fenoprofen Calcium</td><td>Nalfon</td><td>Naproxen Sodium</td><td>Anaprox</td></tr> <tr> <td>Flurbiprofen</td><td>Ansaid</td><td>Nebumatone</td><td>Relafen</td></tr> <tr> <td>Indomethacin</td><td>Indocin</td><td>Oxaprozin</td><td>Daypro</td></tr> <tr> <td>Ibuprofen</td><td>Motrin</td><td>Piroxicam</td><td>Feldene</td></tr> <tr> <td>Sulindac</td><td>Clinoril</td><td>Tolmetin</td><td>Tolectin</td></tr> </table> | Generic Name       | Brand Name | Generic Name | Brand Name | DiclofenacPotassium | Cataflam | Ketoprofen | Orudis | Diclofenac Sodium | Voltaren | Meclofenamate | Meclomen | Etodolac | Lodine | Naproxen | Naprosyn | Fenoprofen Calcium | Nalfon | Naproxen Sodium | Anaprox | Flurbiprofen | Ansaid | Nebumatone | Relafen | Indomethacin | Indocin | Oxaprozin | Daypro | Ibuprofen | Motrin | Piroxicam | Feldene | Sulindac | Clinoril | Tolmetin | Tolectin |  |  |
| Generic Name        | Brand Name   | Generic Name       | Brand Name |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| DiclofenacPotassium | Cataflam   | Ketoprofen         | Orudis     |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Diclofenac Sodium   | Voltaren   | Meclofenamate      | Meclomen   |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Etodolac            | Lodine   | Naproxen           | Naprosyn   |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Fenoprofen Calcium  | Nalfon   | Naproxen Sodium    | Anaprox    |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Flurbiprofen        | Ansaid   | Nebumatone         | Relafen    |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Indomethacin        | Indocin  | Oxaprozin          | Daypro     |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Ibuprofen           | Motrin   | Piroxicam          | Feldene    |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |
| Sulindac            | Clinoril   | Tolmetin           | Tolectin   |              |            |                     |          |            |        |                   |          |               |          |          |        |          |          |                    |        |                 |         |              |        |            |         |              |         |           |        |           |        |           |         |          |          |          |          |  |  |

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|         | <u>GI Risk Rating Scale</u>  |  |   |                  |                    |           |  |
|         | Patient's Risk Criteria  |  |   | Patient's Points |                    |           |  |
|         | Current Health Status (Select only one Category)<br>No restrictions of ability to perform normal activities = 0 points<br>Moderate restriction, but with an ability to perform most activities of daily living and occupation = 1 points<br>Marked restrictions, with an inability to perform most activities of daily living and occupation = 2 points<br>Incapacitation with confinement to bed or wheelchair = 3 points |  |   |                  |                    |           |  |
|         | How frequent has the patient experienced NSAID induced GI Side Effects?<br>Never = 0 points<br>Occasional = 4 points<br>Frequent = 5 points  |  |   |                  |                    |           |  |
|         | How is the patient currently using their NSAIDs?<br>No = 0 points<br>RX/Constant Use = 1 point   |  |   |                  |                    |           |  |
|         | Is the patient taking concurrent Oral Steroids?<br>No = 0 points<br>Yes = 4 points   |  |   |                  |                    |           |  |
|         | Patients Age and Points  | Patients Age and Points  | Patients Age and Points   |                  |                    |           |  |
|         | <25 years = 0 points<br>25-30 years = 1 point<br>31-35 years = 2 points<br>36-40 years = 3 points  | 41-45 years = 4 points<br>46-50 years = 5 points<br>51-55 years = 6 points<br>56-60 years = 7 points | 61-65 years = 8 points<br>65-70 years = 9 points<br>> 70 years = authorized |                  |                    |           |  |
|         | <u>SUM OF POINTS</u>   |  |   |                  |                    |           |  |

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| Drug-Drug Interaction<br><br>PRESCRIBER MUST REQUEST PA<br><br>PHONE OR FAX | <u>PA Approval Requirements</u> <ul style="list-style-type: none"> <li>▪ Drug – Drug exists because of discontinued medication</li> <li>▪ Clinical rationale or extenuating circumstances documented and provided</li> <li>▪ Contacting provider is the prescriber</li> </ul> - <u>Purpose</u><br>To identify patients potentially exposed to a severity 1 drug interaction. | For DD needed due to discontinued medication: approve for 5 months from the last fill date of discontinued medication.<br><br>For all other reasons, approve for 1 year or life of therapy based on reviewing pharmacist's discretion. | Clinical RPh  |
| Early Refill<br><br>PRESCRIBER OR PHARMACY MAY REQUEST PA                   | <u>Purpose</u><br>Prevent fraud and waste by not allowing refills until at least 75% of medication is taken.<br><br><u>Applicability</u><br>All drugs are subject to this edit.<br><br><u>Retail Locations</u>   | Approved PA entered in for 1 day – date of service – pharmacy must fill prescription   | Pharmacy Tech |

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|--------------|--|---|-----------|---|---------|---|--|-----------------------------|---------|-----------------------|---|---|--|------------------------------|---|---|---|-----------------------|---------|---|---------|-------------------|--|
| PHONE OR FAX | <table><tr><th>IF...</th><th>THEN...</th></tr><tr><td>Dose has increased and 75% of meds are used</td><td>Approve</td></tr><tr><td>Pharmacy has entered wrong days supply and you verify in claims</td><td>Approve, suggest a reversal for claim submitted with incorrect days supply</td></tr><tr><td>Patient has lost medication</td><td>Approve</td></tr><tr><td>Medication was stolen</td><td>Approve (check PA history for pattern of ER's). Recommend police report be filed, however not required.</td></tr><tr><td>Patient spilled medication in trash, toilet, sink, etc...</td><td>Approve (check PA history for pattern of ER's)</td></tr><tr><td>Patient is going on vacation</td><td>Approve 1 month, if more ask Supervisor</td></tr><tr><td>Dose has increased and 75% of meds are NOT used</td><td>Approve for later date and pharmacy can fill on that date without an additional phone call to us.</td></tr><tr><td>School or work supply</td><td>Approve</td></tr><tr><td>Released for hospital, nursing home, group home</td><td>Approve</td></tr></table> | IF...   | THEN...   | Dose has increased and 75% of meds are used | Approve | Pharmacy has entered wrong days supply and you verify in claims | Approve, suggest a reversal for claim submitted with incorrect days supply | Patient has lost medication | Approve | Medication was stolen | Approve (check PA history for pattern of ER's). Recommend police report be filed, however not required. | Patient spilled medication in trash, toilet, sink, etc... | Approve (check PA history for pattern of ER's) | Patient is going on vacation | Approve 1 month, if more ask Supervisor | Dose has increased and 75% of meds are NOT used | Approve for later date and pharmacy can fill on that date without an additional phone call to us. | School or work supply | Approve | Released for hospital, nursing home, group home | Approve | on that day only. |  |
|              | IF...  | THEN...   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Dose has increased and 75% of meds are used  | Approve   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Pharmacy has entered wrong days supply and you verify in claims  | Approve, suggest a reversal for claim submitted with incorrect days supply                              |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Patient has lost medication  | Approve   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Medication was stolen  | Approve (check PA history for pattern of ER's). Recommend police report be filed, however not required. |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Patient spilled medication in trash, toilet, sink, etc...  | Approve (check PA history for pattern of ER's)  |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Patient is going on vacation   | Approve 1 month, if more ask Supervisor   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Dose has increased and 75% of meds are NOT used  | Approve for later date and pharmacy can fill on that date without an additional phone call to us.       |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | School or work supply  | Approve   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | Released for hospital, nursing home, group home  | Approve   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
|              | -  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
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| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
| -            |  |   |           |   |         |   |  |                             |         |                       |   |   |  |                              |   |   |   |                       |         |   |         |                   |  |
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| PA Type   | Criteria   |  |  | PA Approval Length   | Worked By                               |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
|---|--|--|--|--|---|---|--|-----------------------|---------|---------------------------------|---------|----------------------|---------|-----------------------|---------|----------------------------------|--|-----------------------------------|--|---|---------|--|--|
|   | <table><tr><td>Nursing home has lost medication</td><td>Deny, Nursing home responsible for cost</td></tr><tr><td>Pharmacy is taking on new Nursing home and want to do a one time roll over for all patients</td><td>Deny, Nursing Facility Administration should ensure a transition than does not waste taxpayer funded medication.</td></tr><tr><td>New Admit or Re Admit</td><td>Approve</td></tr><tr><td>Nursing home spilled medication</td><td>Approve</td></tr><tr><td>Patient is going LOA</td><td>Approve</td></tr><tr><td>School or work supply</td><td>Approve</td></tr><tr><td>Nursing home returned by mistake</td><td>Deny. It can just be sent out again. Pharmacy has already been paid.</td></tr><tr><td>Med Cart Stolen from nursing home</td><td>Approve after verifying with nursing home administrator. Escalate to supervisor.</td></tr><tr><td>Patient has a PRN order and a routine order with different RX numbers</td><td>Approve</td></tr></table> |  |  | Nursing home has lost medication                                 | Deny, Nursing home responsible for cost | Pharmacy is taking on new Nursing home and want to do a one time roll over for all patients | Deny, Nursing Facility Administration should ensure a transition than does not waste taxpayer funded medication. | New Admit or Re Admit | Approve | Nursing home spilled medication | Approve | Patient is going LOA | Approve | School or work supply | Approve | Nursing home returned by mistake | Deny. It can just be sent out again. Pharmacy has already been paid. | Med Cart Stolen from nursing home | Approve after verifying with nursing home administrator. Escalate to supervisor. | Patient has a PRN order and a routine order with different RX numbers | Approve |  |  |
| Nursing home has lost medication  | Deny, Nursing home responsible for cost  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Pharmacy is taking on new Nursing home and want to do a one time roll over for all patients | Deny, Nursing Facility Administration should ensure a transition than does not waste taxpayer funded medication.   |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| New Admit or Re Admit   | Approve  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Nursing home spilled medication   | Approve  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Patient is going LOA  | Approve  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| School or work supply   | Approve  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Nursing home returned by mistake  | Deny. It can just be sent out again. Pharmacy has already been paid.   |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Med Cart Stolen from nursing home   | Approve after verifying with nursing home administrator. Escalate to supervisor.   |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Patient has a PRN order and a routine order with different RX numbers                       | Approve  |  |  |  |   |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |
| Forteo<br><br>PRESCRIBER<br>MUST<br>REQUEST PA<br><br><br>PHONE OR FAX                      | <p><u>PA Approval Requirements</u></p> <p>Approval of Forteo will be considered in the following circumstances:</p> <ul style="list-style-type: none"><li>1. Postmenopausal women with osteoporosis or men with primary or hypogonadal osteoporosis AND</li><li>2. The patient has failed or been intolerant of previous osteoporosis therapy.</li></ul> <p>The answer must be yes to one out of two of the below questions to qualify for Forteo:</p> <ul style="list-style-type: none"><li>1. Does the patient have a bone mineral density T score less than -2.5?</li><li>2. Does the patient have history of osteoporotic fracture?</li></ul> <p>A “yes” to any of the below criteria renders the patient ineligible for Forteo:</p> <ul style="list-style-type: none"><li>1. Does the patient have Paget’s disease of bone?</li><li>2. Is the patient a pediatric patient (age &lt; 18)?</li></ul>  |  |  | 1 year<br><br>The duration of therapy is 24 months per lifetime. | Pharmacy Tech                           |   |  |                       |         |                                 |         |                      |         |                       |         |                                  |  |                                   |  |   |         |  |  |

| PA Type   | Criteria   | PA Approval Length | Worked By  |
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|   | 3. Has the patient had prior radiation therapy involving the skeleton?<br>4. Does the patient have bone metastases or skeletal malignancies?<br>5. Does the patient have a metabolic bone disease other than osteoporosis?<br>6. Does the patient have pre-existing hypercalcemia ( $\text{Ca}^{++} > 12\text{mg/dL}$ )?   |                    |  |
| Growth Hormones<br><br>PRESCRIBER MUST REQUEST PA<br><br>FAX ONLY | <u>PA Requirements</u><br>- <u>Growth Hormone Deficiency</u> (new start)<br>1. 1. Deviation of 2.0 standard deviations or more below mean height for age prior to therapy (growth chart)<br>2. 2. No expanding intracranial lesions or tumor (MRI or preferably written documentation)<br>3. 3. Growth rate of 5cm/yr or less before start of therapy<br>4. 4. Failure of 2 stimuli tests to levels about 10ngm/ml before start of therapy<br>5. 5. Bone age of 14-15 or less in females, 15-16 or less in males (x-ray or preferably written documentation)<br>6. 6. Epiphyses open (x-ray or preferably written documentation). Documented evidence of open epiphyses needed only if patient is nearing puberty (estimated age range 10 – 16 years of age).<br>7. 7. Patient must be under 18 years old<br><br><u>Growth Retardation with Chronic Renal Insufficiency</u><br>1. 1. Deviation of 2.0 standard deviations or more below mean height for age prior to therapy (growth chart)<br>2. 2. No expanding intracranial lesions or tumor (MRI or preferably written | 1 year             | Pharmacy Tech or escalate to Clinical RPh for review if DX is something other than the current criteria based diagnoses listed |

| PA Type | Criteria  | PA Approval Length | Worked By |
|---------|---|--------------------|-----------|
|         | <p>documentation)</p> <ol style="list-style-type: none"> <li>3. 3. Growth rate of 5cm/yr or less at start of therapy</li> <li>4. 4. Irreversible renal insufficiency with creatinine clearance less than 75mL/min per 1.73m<sup>2</sup></li> <li>5. 5. Bone age 14-15 or less in females, 15-16 or less in males (x-ray or preferably written documentation)</li> <li>6. 6. Epiphyses open (x-ray or preferably written documentation). Documented evidence of open epiphyses needed only if patient is nearing puberty (estimated age range 10 – 16 years of age).</li> </ol> <p><u>Turner's Syndrome</u></p> <ol style="list-style-type: none"> <li>1. 1. Chromosomal abnormality showing Turner's syndrome</li> <li>2. 2. Deviation of 2.0 standard deviations or more below mean height for age prior to therapy (growth chart)</li> <li>3. 3. No expanding intracranial lesions or tumor (MRI or preferably written documentation)</li> <li>4. 4. Growth rate 5cm/year or less at start of therapy</li> <li>5. 5. Bone age of 14-15 or less in females, 15-16 or less in males (x-ray or preferably written documentation)</li> <li>6. 6. Epiphyses open (x-ray or preferably written documentation). Documented evidence of open epiphyses needed only if patient is nearing puberty (estimated age range 10 – 16 years of age).</li> </ol> <p><u>Neurosecretory Growth Retardation</u></p> <ol style="list-style-type: none"> <li>1. 1. Deviation of 2.0 standard deviations or more below mean height for age prior to</li> </ol> |                    |           |

| PA Type     | Criteria  | PA Approval Length | Worked By |
|-------------|---|--------------------|-----------|
|             | <p>therapy (growth chart)</p> <ol style="list-style-type: none"> <li>2. 2. No expanding intracranial lesions or tumor (MRI or preferably written documentation)</li> <li>3. 3. Growth rate of 5cm/year or less at start of therapy</li> <li>4. 4. Bone age of 14-15 or less in females, 15-16 or less in males (x-ray or preferably written documentation)</li> <li>5. 5. Epiphysis open (x-ray or preferably written documentation). Documented evidence of open epiphyses needed only if patient is nearing puberty (estimated age range 10 – 16 years of age).</li> <li>6. 6. Mixed or normal response to any two stimuli test</li> <li>7. 7. IGF-1 levels less than 50<sup>th</sup> percentile for chronological age</li> </ol> <p>For all re-authorizations, the only requirements needed are generally the current growth rate and bone age. Current x-rays or current written documentation will be required for patients nearing puberty to assess whether or not epiphyses are open.</p> |                    |           |
| Peptic Acid | <u>Purpose</u>  | 1 year             | Pharmacy  |

| PA Type   | Criteria  | PA Approval Length | Worked By |
|---|---|--------------------|-----------|
| Medications<br>(Carafate and Cytotec)<br><br>PRESCRIBER<br>MUST<br>REQUEST PA<br><br>PHONE OR FAX | <ul style="list-style-type: none"> <li>▪ ▪ Lowest sustainable acid suppression</li> <li>▪ ▪ Avoiding duplicative therapy between acid suppression drugs and Carafate or Cytotec</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Cytotec, Carafate</li> </ul> <p>-</p> <p><u>Carafate (Sucralfate)</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Indicated for open wounds (i.e. Ulcer) within the GI tract</li> <li>▪ ▪ Considered duplicate therapy when prescribed concurrently with other peptic acid drugs beyond initial 30-days and will not be approved.</li> <li>▪ ▪ Will not be authorized for GERD</li> <li>▪ ▪ Maintenance dose of 1 gram BID does not require PA</li> </ul> <p><u>Cytotec</u></p> <ul style="list-style-type: none"> <li>▪ ▪ Indicated only for the prevention of side effects associated with use of NSAIDs.</li> <li>▪ ▪ Must meet GI risk of 13 points</li> <li>▪ ▪ Considered duplicative therapy when prescribed concurrently with other peptic acid drugs and will not be approved.</li> </ul> |                    | Tech      |

| PA Type | Criteria   |  |   |  | PA Approval Length | Worked By |
|---------|--|--|---|--|--------------------|-----------|
|         | <u>GI Risk Rating Scale</u>  |  |   |  |                    |           |
|         | Patient's Risk Criteria  |  |   |  | Patient's Points   |           |
|         | Current Health Status (Select only one Category)<br>No restrictions of ability to perform normal activities = 0 points<br>Moderate restriction, but with an ability to perform most activities of daily living and occupation = 1 points<br>Marked restrictions, with an inability to perform most activities of daily living and occupation = 2 points<br>Incapacitation with confinement to bed or wheelchair = 3 points |  |   |  |                    |           |
|         | How frequent has the patient experienced NSAID induced GI Side Effects?<br>Never = 0 points<br>Occasional = 4 points<br>Frequent = 5 points  |  |   |  |                    |           |
|         | How is the patient currently using their NSAIDs?<br>No = 0 points<br>RX/Constant Use = 1 point   |  |   |  |                    |           |
|         | Is the patient taking concurrent Oral Steroids?<br>No = 0 points<br>Yes = 4 points   |  |   |  |                    |           |
|         | Patients Age and Points  | Patients Age and Points  | Patients Age and Points   |  |                    |           |
|         | <25 years = 0 points<br>25-30 years = 1 point<br>31-35 years = 2 points<br>36-40 years = 3 points  | 41-45 years = 4 points<br>46-50 years = 5 points<br>51-55 years = 6 points<br>56-60 years = 7 points | 61-65 years = 8 points<br>65-70 years = 9 points<br>> 70 years = authorized |  |                    |           |
|         | <u>SUM OF POINTS</u>   |  |   |  |                    |           |

| PA Type   | Criteria   | PA Approval Length | Worked By     |
|---|--|--------------------|---------------|
|   |  |                    |               |
| Stadol Nasal Spray<br>(Butorphanol)<br><br>PRESCRIBER MUST REQUEST PA<br><br>PHONE OR FAX | <u>PA requirements</u> <ul style="list-style-type: none"> <li>▪ Authorized for migraine pain at a maximum of 2 vials per month (24 vials per year)</li> <li>▪ Authorized for control of short term pain at a maximum of 1 vial per month (12 vials per year)</li> <li>▪ Initial dispensing of one vial per 30-day period does not require prior authorization</li> </ul> <u>Service Code/Units</u> <ul style="list-style-type: none"> <li>▪ Diagnosis of migraines allows for 72 units per year.</li> <li>▪ Any other short term pain diagnosis only allows for 36 units per year (12 x 3ml vials)</li> </ul> <u>Purpose</u> <ul style="list-style-type: none"> <li>▪ Limit use to short term pain management only</li> <li>▪ Limit number of units dispensed based upon the use of medication</li> </ul> <u>Applicability</u> | 1 year             | Pharmacy Tech |

| PA Type | Criteria  | PA Approval Length | Worked By |
|---------|---|--------------------|-----------|
|         | <ul style="list-style-type: none"> <li>▪ Limited to 2 vials per month for migraine pain, and one 1 vial per month for other short-term pain.</li> </ul> |                    |           |



| PA Type   | Criteria  | PA Approval Length  | Worked By  |
|---|---|---|--|
| Synagis<br><br>PRESCRIBER<br>MUST<br>REQUEST PA<br><br>FAXES ONLY | <p><u>PA Requirements</u></p> <ul style="list-style-type: none"> <li>▪ Patient is less than 24 months and has Chronic Lung Disease.</li> <li>▪ Patient is less than 12 months with a gestational age of &lt; 28 weeks.</li> <li>▪ Patient is less than 6 months with a gestational age of &lt; 32 weeks.</li> <li>▪ Patient is 4-6 months with a gestational age of 33-36 weeks with a risk factor.</li> <li>▪ Patient is &lt; 3 months with a gestational age of &lt; 36 weeks.</li> <li>▪ Other special circumstances may be considered. Escalate to supervisor.</li> </ul> <p>-</p> <p><u>Approved Diagnosis</u></p> <ul style="list-style-type: none"> <li>▪ Chronic Lung Disease</li> <li>▪ Cardiac Surgery</li> <li>▪ Cystic Fibrosis</li> <li>▪ Bronchopulmonary Dysplasia</li> <li>▪ Wilson-Mikity Syndrome</li> <li>▪ Congenital Heart Disease</li> <li>▪ Concomitant medical problems (&lt; 28 weeks GA and &lt; 1 yr old)</li> <li>▪ Interstitial Pulmonary Fibrosis</li> <li>▪ Oxygen Use within 6 months</li> <li>▪ Others considered – escalate to supervisor.</li> </ul> <p><u>Risk Factors</u></p> <ul style="list-style-type: none"> <li>▪ School age siblings</li> <li>▪ Multiple Births</li> <li>▪ Crowding in the home</li> <li>▪ Neurologic Disease</li> <li>▪ Day-care attendance</li> <li>▪ CLD Treatment in last 6 months</li> <li>▪ Exposure to tobacco smoke in the home</li> <li>▪ Distance to/availability of hospital care</li> <li>▪ Others considered – escalate to supervisor.</li> </ul> <p>**Usual dosage is six (6) monthly injections during the Respiratory Syncytial Virus (RSV) season of October 1<sup>st</sup> through April 30<sup>th</sup>. Administration of a seventh (7<sup>th</sup>) dose will require separate prior authorization. This can be approved if the physician deems it is necessary</p> | <p>Approved through April 30<sup>th</sup>.</p> <p>If requestor calls in October, then 6 doses may be approved.</p> <p>If the requestor calls in November, then 5 doses may be approved.</p> <p>December – 4 doses<br/>January – 3 doses<br/>February – 2 doses<br/>March – 1 dose</p> <p>50mg and 100mg vials may be approved at the same time.</p> | <p>Pharmacy Tech or escalate to Clinical RPh to review for “other diagnoses” or “other risk factors”</p> |

